### Maternal Sample Collection Form – Section 1: Salimetrics Saliva Sample Collection

|  |  |  |
| --- | --- | --- |
| 1. Cluster ID and Mother ID | ### and ## | |\_\_|\_\_|\_\_| **and**  |\_\_|\_\_| |
| 2. ID of MT/FRA/FRO | ## | |\_\_|\_\_| |
| 3. Name of MT/FRA/FRO (choose 1): | List of EE Team Member Names & IDs |  |
| 4. Date of Sample Collection | DD/MM/YYYY | |\_\_|\_\_| **/** |\_\_|\_\_| **/** |\_\_|\_\_|\_\_|\_\_| |
| 5. Mother Full Name |  |  |
| 6. Consent  Skip Note: Skip to Q8 if Q6=Y; Go to Q7 if Q6=N. | 1. Yes  2. No | |\_\_| |
| 7. Why Was Consent Not Given?  Skip Note: skip to the end of Section 1 after the question is answered. | 1. Migration  2. Mother is not home  3. Mother refused  4. Too busy  5. No reason given  6. Other, please specify | |\_\_|\_\_| |
| 8. When did the Team Arrive at the Household? | 24-hour scale  Hours : Minutes | |\_\_|\_\_|**:**|\_\_|\_\_| |
| 9. ASK: When did the Mother Last Wake Up Before Saliva Collection  Skip Note: Skip to question 11 if Q9 = 1 or 2.  Note: Answer Q10 if Q9=3 or 4 | 1. Before Sunrise 2. After sunrise, before FRA arrives at the household. Mother cannot recall the time. 3. After Sunrise, before FRA arrives at the household. Mother can recall the time accurate to the nearest half hour. 4. After FRA arrives at the household. | |\_\_| |
| 10. Time of Last Awakening Prior to Saliva Collection? | 24-hour scale  Hours : Minutes | |\_\_|\_\_|**:**|\_\_|\_\_| |
| 11. ASK: Has the Mother Eaten Today?  Skip Note: Skip to Q13 if Q11= 1, 2 or 5  Note: Answer Q12 if Q11= 3 or 4 | 1. Yes, before sunrise 2. Yes, after sunrise, before FRA arrives at the household. Mother cannot recall the time. 3. Yes, after sunrise, before FRA arrives at the household. Mother can recall the time accurate to the nearest half hour. 4. Yes, after FRA arrives at the household.   5. No | |\_\_| |
| 12. Time of Last Meal/Snack before Sample Collection Today? | 24-hour scale  Hours : Minutes | |\_\_|\_\_|**:**|\_\_|\_\_| |

### Maternal Sample Collection Form – Section 1: Saliva Sample Collection

|  |  |  |
| --- | --- | --- |
| 1. Time of Mouth Rinse for Salimetrics Measurement #1 | 24-hour scale  Hours : Minutes | |\_\_|\_\_|**:**|\_\_|\_\_| |
| 1. Collection End Time For Salimetrics Measurement #1 | 24-hour scale  Hours : Minutes | |\_\_|\_\_|**:**|\_\_|\_\_| |
| 1. Length of Time that the Salimetrics Swab is Placed under the Mother’s Tongue for Measurement #1 | Minutes : Seconds | |\_\_|\_\_|**:**|\_\_|\_\_| |
| 1. Cold Chain Start Time for Salimetrics Measurement #1 | 24-hour scale  Hours : Minutes | |\_\_|\_\_|**:**|\_\_|\_\_| |
| 1. Observe the mother’s mood before and during Salimetrics Measurement #1 saliva sample collection on a 3 point scale | 1. Calm  2. Worried or Scared  3. Crying | |\_\_| |
| 1. Sample Obtained for Salimetrics Measurement #1? | 1. Yes, fully saturated sponge  2. Yes, partially saturated sponge  3. No, refusal  4. No, other reason: please specify | |\_\_| |
| 1. Observe: Was Blood Visible in the Salimetrics Saliva Sample for Measurement #1? | 1. Yes  2. No | |\_\_| |
| 1. Observer #1: ID of MT/FRA/FRO | ## | |\_\_|\_\_| |
| 1. Observer #1 – Observe: What color is saliva? | 1. Saliva appears clear, no visible color  2. Saliva has a hint of color, a little brown or yellow tint is barely visible  3. Saliva has a clearly visible yellow or brown tint  4. Yellow or brown coloring is more than just a tint, color is obvious but not very deep  5. Saliva is very colored, deep, rich, dark yellow or brown is very apparent | |\_\_| |
| 1. Observer #2: ID of MT/FRA/FRO | ## | |\_\_|\_\_| |
| 1. Observer #2 – Observe: What color is saliva? | 1. Saliva appears clear, no visible color  2. Saliva has a hint of color, a little brown or yellow tint is barely visible  3. Saliva has a clearly visible yellow or brown tint  4. Yellow or brown coloring is more than just a tint, color is obvious but not very deep  5. Saliva is very colored, deep, rich, dark yellow or brown is very apparent | |\_\_| |
| 1. Did the mother have a mouth rinse #2?   Note: If Q20 is 1, then move on to Q21. If Q20 is 2, then skip to Q22. | 1. Yes  2. No | |\_\_| |
| 1. Time of Mouth Rinse for Salimetrics Measurement #2   Note: Optional, can skip if mother continued fasting after Measurement #1. | 24-hour scale  Hours : Minutes | |\_\_|\_\_|**:**|\_\_|\_\_| |
| 1. Collection End Time For Salimetrics Measurement #2 | 24-hour scale  Hours : Minutes | |\_\_|\_\_|**:**|\_\_|\_\_| |
| 1. Length of Time that the Salimetrics Swab is Placed under the Mother’s Tongue for Measurement #2 | Minutes : Seconds | |\_\_|\_\_|**:**|\_\_|\_\_| |
| 1. Cold Chain Start Time for Salimetrics Measurement #2 | 24-hour scale  Hours : Minutes | |\_\_|\_\_|**:**|\_\_|\_\_| |
| 1. Observe the mother’s mood before and during Salimetrics Measurement #2 saliva sample collection on a 3 point scale | 1. Calm  2. Worried or Scared  3. Crying | |\_\_| |
| 1. Sample Obtained for Salimetrics Measurement #2? | 1. Yes, fully saturated sponge  2. Yes, partially saturated sponge  3. No, refusal  4. No, other reason: please specify | |\_\_| |

### Maternal Sample Collection Form – Section 1: Saliva Sample Collection

|  |  |  |
| --- | --- | --- |
| 1. Observe: Was Blood Visible in the Salimetrics Saliva Sample for Measurement #2? | 1. Yes  2. No | |\_\_| |
| 1. Observer #1: ID of MT/FRA/FRO | ## |  |
| 1. Observer #1 – Observe: What color is saliva? | 1. Saliva appears clear, no visible color  2. Saliva has a hint of color, a little brown or yellow tint is barely visible  3. Saliva has a clearly visible yellow or brown tint  4. Yellow or brown coloring is more than just a tint, color is obvious but not very deep  5. Saliva is very colored, deep, rich, dark yellow or brown is very apparent |  |
| 1. Observer #2: ID of MT/FRA/FRO | ## |  |
| 1. Observer #2 – Observe: What color is saliva? | 1. Saliva appears clear, no visible color  2. Saliva has a hint of color, a little brown or yellow tint is barely visible  3. Saliva has a clearly visible yellow or brown tint  4. Yellow or brown coloring is more than just a tint, color is obvious but not very deep  5. Saliva is very colored, deep, rich, dark yellow or brown is very apparent |  |
| 1. Did the mother have a mouth rinse #3?   Note: If Q28 is 1, then move on to Q29. If Q28 is 2, then skip to Q30. | 1. Yes  2. No | |\_\_| |
| 1. Time of Mouth Rinse for Salimetrics Measurement #3   Note: Optional, can skip if mother continued fasting after Measurement #2. | 24-hour scale  Hours : Minutes | |\_\_|\_\_|**:**|\_\_|\_\_| |
| 1. Collection End Time For Salimetrics Measurement #3 | 24-hour scale  Hours : Minutes | |\_\_|\_\_|**:**|\_\_|\_\_| |
| 1. Length of Time that the Salimetrics Swab is Placed under the Mother’s Tongue for Measurement #3 | Minutes : Seconds | |\_\_|\_\_|**:**|\_\_|\_\_| |
| 1. Cold Chain Start Time for Salimetrics Measurement #3 | 24-hour scale  Hours : Minutes | |\_\_|\_\_|**:**|\_\_|\_\_| |
| 1. Observe the mother’s mood before and during Salimetrics Measurement #3 saliva sample collection on a 3 point scale | 1. Calm  2. Worried or Scared  3. Crying | |\_\_| |
| 1. Sample Obtained for Salimetrics Measurement #3? | 1. Yes, fully saturated sponge  2. Yes, partially saturated sponge  3. No, refusal  4. No, other reason: please specify | |\_\_| |
| 1. Observe: Was Blood Visible in the Salimetrics Saliva Sample for Measurement #3? | 1. Yes  2. No | |\_\_| |
| 1. Observer #1: ID of MT/FRA/FRO | ## | Observer #1: ID of MT/FRA/FRO |
| 1. Observer #1 – Observe: What color is saliva? | 1. Saliva appears clear, no visible color  2. Saliva has a hint of color, a little brown or yellow tint is barely visible  3. Saliva has a clearly visible yellow or brown tint  4. Yellow or brown coloring is more than just a tint, color is obvious but not very deep  5. Saliva is very colored, deep, rich, dark yellow or brown is very apparent | Observer #1 – Observe: What color is saliva? |
| 1. Observer #2: ID of MT/FRA/FRO | ## | Observer #2: ID of MT/FRA/FRO |
| 1. Observer #2 – Observe: What color is saliva? | 1. Saliva appears clear, no visible color  2. Saliva has a hint of color, a little brown or yellow tint is barely visible  3. Saliva has a clearly visible yellow or brown tint  4. Yellow or brown coloring is more than just a tint, color is obvious but not very deep  5. Saliva is very colored, deep, rich, dark yellow or brown is very apparent | Observer #2 – Observe: What color is saliva? |
| 1. Cooler Box Temperature Data Logger ID | #### | |\_\_|\_\_|\_\_|\_\_| |

|  |  |  |  |
| --- | --- | --- | --- |
| Samples: | | | |
| 49. Sample ID | 50. Random ID | 51. Sample type | 52. Aliquots |
| Cluster (###) + Mother ID (##) + Endline (E) + Mother (M) + Sample Type + Aliquot (#) | Note: Random ID that is linked to the specific sample ID is retrieved from barcode ID database and appears automatically. | Note: Field staff selects sample type from dropdown menu. | Note: If sample has been fully collected, next question is skipped. |
| |\_\_|\_\_|\_\_|\_\_|\_\_|EMZ01  Salimetrics Measurement #1 (Baseline after consent) | |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| | Z | No Aliquot  Partial Aliquot  Full Aliquot |
| |\_\_|\_\_|\_\_|\_\_|\_\_|EMZ02  Salimetrics Measurement #2 (5 minutes after child’s blood draw) | |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| | Z | No Aliquot  Partial Aliquot  Full Aliquot |
| |\_\_|\_\_|\_\_|\_\_|\_\_|EMZ03  Salimetrics Measurement #3 (20 minutes after child’s blood draw) | |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| | Z | No Aliquot  Partial Aliquot  Full Aliquot |

### Maternal Sample Collection Form – Section 2: Vital Signs Data Collection

|  |  |  |
| --- | --- | --- |
| 1. Cluster ID and Mother ID | ### and ## | |\_\_|\_\_|\_\_| **and** |\_\_|\_\_| |
| 2. ID of MT/FRA/FRO Taking Pulse Measurement | ## | |\_\_|\_\_| |
| 3. Name of MT/FRA/FRO (choose 1): | List of EE Team Member Names & IDs |  |
| 4. Date of Data Collection | DD/MM/YYYY | |\_\_|\_\_| **/** |\_\_|\_\_| **/** |\_\_|\_\_|\_\_|\_\_| |
| 5. Consent for Pulse Measurement?  Note: If consent given, continue with Q6. If no consent, skip to Q13. | Y/N |  |
| 6. Hand or Foot Used for Pulse Measurement | 1. Right hand  2. Left hand  3. Right foot  4. Left foot | |\_\_| |
| 7. Finger or Toe Used for Pulse Measurement | 1. Index (2nd Digit)  2. Middle (3rd Digit)  3. Ring (4th Digit)  4. Pinky (5th Digit)  5. Thumb (1st Digit) | |\_\_| |
| 8. Start Time of Pulse Measurements | 24-hour scale  Hours : Minutes | |\_\_|\_\_|:|\_\_|\_\_| |
| 9. Pulse Measurement #1 | Beats per minute  ### | |\_\_|\_\_|\_\_| beats per minute |
| 10. Pulse Measurement #2 | Beats per minute  ## | |\_\_|\_\_|\_\_| beats per minute |
| 11. Pulse Measurement #3 | Beats per minute  ## | |\_\_|\_\_|\_\_| beats per minute |
| 12. Finger Pulse Oximeter Logger ID | # | |\_\_| |
| 13. Pulse Data Obtained?  Skip Note: If Q13 is 1, skip to Q15. If Q13 is 2 or 3, move on to Q14 | 1. Yes  2. No  3. Partial | |\_\_| |
| 14. Why Was Pulse Data Not Fully Collected? | 1. Mother Refused  2. Other: Specify | |\_\_| |
| 15. ID of MT/FRA/FRO Taking Blood Pressure Measurement | ## | |\_\_|\_\_| |

### Maternal Sample Collection Form – Section 2: Vital Signs Data Collection

|  |  |  |
| --- | --- | --- |
| 16. Consent for Mid Upper Arm Circumference?  Note: If no consent, answer Q20 and skip to Q21. | Y/N | |\_\_| |
|  |  |  |
| 17. Mid Upper Arm Circumference of Mother – Measurement #1 | Circumference (cm)  ##.# | |\_\_|\_\_|**.**|\_\_| cm |
| 18. Mid Upper Arm Circumference of Mother – Measurement #2 | Circumference (cm)  ##.# | |\_\_|\_\_|**.**|\_\_| cm |
| 19. Mid Upper Arm Circumference of Mother – Measurement #3 | Circumference (cm)  ##.# | |\_\_|\_\_|**.**|\_\_| cm |
| 20. Why Was Mid Upper Arm Circumference Not Fully Collected? | 1. Mother Refused  2. Other: Specify | |\_\_|\_\_| |
| 21. Consent for Blood Pressure Measurement?  Note: If consent given, answer Q22. If no consent, skip to Q35 and Q36. | Y/N | |\_\_| |
| 22. Arm Used for Blood Pressure Measurement | 1. Left  2. Right | |\_\_| |
| 23. Position of Mother | 1. Sitting  2. Lying face upward | |\_\_| |
| 24. Cuff Size Used | 1. GS Cuff SS 4. GS Cuff L  2. GS Cuff S 5. GS Cuff XL  3. GS Cuff M | |\_\_| |
| 25. Systolic Pressure Measurement #1 | Systolic (mmHg)  ### | |\_\_|\_\_|\_\_| mmHg |
| 26. Diastolic Pressure Measurement #1 | Diastolic (mmHg)  ### | |\_\_|\_\_|\_\_| mmHg |
| 27. End Time of Blood Pressure Measurement #1 | 24-hour scale  Hours : Minutes | |\_\_|\_\_|**:**|\_\_|\_\_| |
| 28. Systolic Pressure Measurement #2 | Systolic (mmHg)  ### | |\_\_|\_\_|\_\_| mmHg |
| 29. Diastolic Pressure Measurement #2 | Diastolic (mmHg)  ### | |\_\_|\_\_|\_\_| mmHg |
| 30. End Time of Blood Pressure Measurement #2 | 24-hour scale  Hours : Minutes | |\_\_|\_\_|**:**|\_\_|\_\_| |
| 31. Systolic Pressure Measurement #3 | Systolic (mmHg)  ### | |\_\_|\_\_|\_\_| mmHg |
| 32. Diastolic Pressure Measurement #3 | Diastolic (mmHg)  ### | |\_\_|\_\_|\_\_| mmHg |
| 33. End Time of Blood Pressure Measurement #3 | 24-hour scale  Hours : Minutes | |\_\_|\_\_|**:**|\_\_|\_\_| |
| 34. Blood Pressure Monitor Logger ID | # | |\_\_| |
| 35. Blood Pressure Data Obtained?  Skip Note: If Q35 is 1, skip Q36. If Q35 is 2 or 3, move on to Q36 | 1. Yes  2. No  3. Partial | |\_\_| |
| 36. Why Was Blood Pressure Data Not Fully Collected? | 1. Mother Refused  2. Other: Specify | |\_\_| |

### Maternal Sample Collection Form – Section 3: Blood Sample Collection

|  |  |  |
| --- | --- | --- |
| 1. Cluster ID and Mother ID | ### and ## | |\_\_|\_\_|\_\_| **and** |\_\_|\_\_| |
| 2. ID of MT/FRA/FRO | ## | |\_\_|\_\_| |
| 3. Name of MT/FRA/FRO (choose 1): | List of EE Team Member Names & IDs |  |
| 4. Date of Sample Collection | DD/MM/YYYY | |\_\_|\_\_| **/** |\_\_|\_\_| **/** |\_\_|\_\_|\_\_|\_\_| |
| 5. Mother Full Name |  |  |
| 6. Date of Mother’s Last Meal/Snack | DD/MM/YYYY | |\_\_|\_\_| **/** |\_\_|\_\_| **/** |\_\_|\_\_|\_\_|\_\_| |
| 7. Time of Mother’s Last Meal/Snack | 24-hour scale  Hours :Minutes | |\_\_|\_\_|**:**|\_\_|\_\_| |
| 8. Enter Information About Mother’s Last Meal/Snack | 1. Snack Only  2. Meal Only  3. Meal and Snack | |\_\_| |
| 9. Blood Collection Tube Sample Obtained?  Note:  If Q9 is 3, then skip to Q11. | 1. all (9 ml)  2. partial (< 9 ml)  3. none (0 ml) | |\_\_| |
| 10. Estimate of Blood Volume Collected in Tube | # ml | |\_\_|**.**|\_\_|ml |
| 11. Why Was Sample Not Obtained?  Note:  If Q9 is 2 or 3, then Q11 is asked. If Q9 is 1, then skip to Q12. | 1. Respondent not available  2. Respondent refused  3. Volume insufficient  4. Vein visibility  5. Other: Specify | |\_\_| |
| 12. Blood Collection: End Time | 24-hour scale  Hours : Minutes | |\_\_|\_\_|**:**|\_\_|\_\_| |
| 13. Cold Chain Start Time  Note: This is the time when sample has been placed in cold box | 24-hour scale  Hours : Minutes | |\_\_|\_\_|**:**|\_\_|\_\_| |

### Maternal Sample Collection Form – Section 3: Blood Sample Collection

|  |  |  |
| --- | --- | --- |
| 14. Cooler Box Temperature Data Logger ID | #### | |\_\_|\_\_|\_\_|\_\_| |

|  |  |  |
| --- | --- | --- |
| 15. Centrifugation Start Time  Note: Only for maternal venous blood samples (type B) | 24-hour scale  Hours : Minutes | |\_\_|\_\_|**:**|\_\_|\_\_| |
| 16. Duration of Centrifugation  Note: Only for maternal venous blood samples (type B). | Minutes  ## | |\_\_|\_\_| |
| 17. Plasma Sample Hemolyzed? (Plasma is red, not yellow)  Note: Only for maternal venous blood samples (type B). | Y/N | |\_\_| |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 18. Sample ID  Note:  IDs for all aliquots of blood samples expected in a HH are automatically generated when cluster ID and mother ID are entered in Q1. | 19. Random ID  Note:  Random ID that is linked to the specific sample ID is retrieved from barcode ID database and appears automatically. | 20. Sample  Type  Note:  Field staff selects sample type from dropdown menu. | 21. Aliquots | 22. Samples H & B  -80⁰C  Freezer Storage:  Start Time |
| Cluster (###) + Mother ID (##) + Endline (E) + Mother (M) + Sample Type + Aliquot (#) |  | H (Whole)  B (Plasma) |  | 24-hour scale  Hours : Minutes |
| |\_\_|\_\_|\_\_|\_\_|\_\_|EMH01 | |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| | H | No Aliquot  Partial Aliquot Full Aliquot | |\_\_|\_\_|**:**|\_\_|\_\_| |
| |\_\_|\_\_|\_\_|\_\_|\_\_|EMH02 | |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| | H | No Aliquot  Partial Aliquot Full Aliquot |
| |\_\_|\_\_|\_\_|\_\_|\_\_|EMB01 | |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| | B | No Aliquot  Partial Aliquot Full Aliquot |
| |\_\_|\_\_|\_\_|\_\_|\_\_|EMB02 | |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| | B | No Aliquot  Partial Aliquot Full Aliquot |
| |\_\_|\_\_|\_\_|\_\_|\_\_|EMB03 | |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| | B | No Aliquot  Partial Aliquot Full Aliquot |
| |\_\_|\_\_|\_\_|\_\_|\_\_|EMB04 | |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| | B | No Aliquot  Partial Aliquot Full Aliquot |
| |\_\_|\_\_|\_\_|\_\_|\_\_|EMC01 | |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| | C | No Aliquot  Partial Aliquot Full Aliquot |

### Maternal Sample Collection Form – Section 4: Oragene Saliva Sample Collection

|  |  |  |
| --- | --- | --- |
| 1. Cluster ID and Mother ID | ### and ## | |\_\_|\_\_|\_\_| **and**  |\_\_|\_\_| |
| 2. ID of MT/FRA/FRO | ## | |\_\_|\_\_| |
| 3. Name of MT/FRA/FRO (choose 1): | List of EE Team Member Names & IDs |  |
| 4. Date of Sample Collection | DD/MM/YYYY | |\_\_|\_\_| **/** |\_\_|\_\_| **/** |\_\_|\_\_|\_\_|\_\_| |
| 5. Mother Full Name |  |  |
| 6. Consent  Skip Note 1: Skip to Q8 if Q6 is 1; Move on to Q7 if Q6 is 2. | 1. Yes  2. No | |\_\_| |
| 7. Why Was Consent Not Given?  Skip Note 2: skip to the end of Section 4 after the question is answered. | 1. Migration  2. Mother is not home  3. Mother refused  4. Too busy  5. No reason given  6. Other, please specify | |\_\_|\_\_| |
| 8. Fasting Start Time  Note: No eating, drinking, smoking, chewing gum/betel leaves | 24-hour scale  Hours : Minutes | |\_\_|\_\_|**:**|\_\_|\_\_| |
| 9. Time of Mouth Rinse | 24-hour scale  Hours : Minutes | |\_\_|\_\_|**:**|\_\_|\_\_| |
| 10. Did Mother Eat/Drink/Smoke/Chew Gum or Betel Leaves During 0.5-Hour Fasting Period? | 1. Yes  2. No | |\_\_| |
| 11. Collection End Time of Oragene Saliva Sample Collection | 24-hour scale  Hours : Minutes | |\_\_|\_\_|**:**|\_\_|\_\_| |
| 12. Oragene Saliva Sample Obtained?  Note: If Q12 is 1, skip to Q14. If Q12 is 2, answer Q13. If Q12 is 3, then answer Q13 and skip to end of Section 4. | 1. All  2. Partial  3. None | |\_\_| |
| 13. Why Was Oragene Saliva Sample Not Fully Collected? | 1. Volume Insufficient  2. Mother Refused  3. Other: Specify | |\_\_| |

|  |  |  |  |
| --- | --- | --- | --- |
| Samples: | | | |
| 14. Sample ID | 15. Random ID | 16. Sample type | 17. Aliquots |
| Cluster (###) + Mother ID (##) + Endline (E) + Mother (M) + Sample Type + Aliquot (#) | Note:  Random ID that is linked to the specific sample ID is retrieved from barcode ID database and appears automatically. | Note:  Field staff selects sample type from dropdown menu. | Note:  If sample has been fully collected, next question is skipped. |
| |\_\_|\_\_|\_\_|\_\_|\_\_|EMW01  Oragene Saliva Sample | |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| | W | No Aliquot  Partial Aliquot  Full Aliquot |

### Maternal Sample Collection Form – Section 5: Urine Sample Collection

|  |  |  |
| --- | --- | --- |
| 1. Cluster ID and Mother ID | ### and ## | |\_\_|\_\_|\_\_| **and**  |\_\_|\_\_| |
| 2. ID of MT/FRA/FRO | ## | |\_\_|\_\_| |
| 3. Name of MT/FRA/FRO (choose 1 name from drop down menu): | List of EE Team Member Names & IDs |  |
| 4. Date of Sample Collection (when FRA picks up urine container) | DD/MM/YYYY | |\_\_|\_\_| **/** |\_\_|\_\_| **/** |\_\_|\_\_|\_\_|\_\_| |
| 5. Mother Full Name |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Samples: | | | |
| 6. Sample ID | 7. Random ID | 8. Sample type | 9. Aliquots |
| Cluster (###) + Mother ID (##) + Endline (E) + Mother (M) + Sample Type + Aliquot (#) | Note:  Random ID that is linked to the specific sample ID is retrieved from barcode ID database and appears automatically. | Note:  Field staff selects sample type from dropdown menu. | Note:  If sample has been fully collected, next question is skipped. |
| |\_\_|\_\_|\_\_|\_\_|\_\_|EMU01 | |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| | U | No Aliquot  Partial Aliquot  Full Aliquot |
| |\_\_|\_\_|\_\_|\_\_|\_\_|EMU02 | |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| | U | No Aliquot  Partial Aliquot  Full Aliquot |
| |\_\_|\_\_|\_\_|\_\_|\_\_|EMU03 | |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| | U | No Aliquot  Partial Aliquot  Full Aliquot |

|  |  |  |
| --- | --- | --- |
| 10. Urine Sample Obtained?  Note: If Q10 is 1, then skip to Q12. If Q10 is 2, then Q11 is asked. If Q10 is 3, then Q11 is asked and skip to end of Section 5. | 1. all  2. partial  3. none | |\_\_| |
| 11. Why Was It Not Fully Collected? | 1. Mother not available  2. Mother refused  3. Mother did not urinate  4. Urination volume insufficient  5. Other: Specify | |\_\_| |
| 12. Date of Urination  Note: This is only applicable for urine samples as urine collection containers are left in  households the day before sample collection. | DD/MM/YYYY | |\_\_|\_\_| **/** |\_\_|\_\_| **/** |\_\_|\_\_|\_\_|\_\_| |

**Maternal Sample Collection Form – Section 5: Urine Sample Collection**

|  |  |  |
| --- | --- | --- |
| 13. Time of Urination  Note: Exact or approximate time is entered. | 24-hour scale  Hours: Minutes | |\_\_|\_\_|**:**|\_\_|\_\_| |
| 14. FRA Present In Household During Urination?  Note: FRA presence or absence in household during urination is indicated. | 1. Yes  2. No | |\_\_| |
| 15. ASK: Which Date Did You Start Fasting Before Your Urine Collection? Fasting Means No Food Or Drinks (Water Is An Exception) | DD/MM/YYYY  99. Don’t Know | |\_\_|\_\_| **/** |\_\_|\_\_| **/** |\_\_|\_\_|\_\_|\_\_| |
| 16. ASK: What Time Did You Start Fasting Before Your Urine Collection? Fasting Means No Food Or Drinks (Water Is An Exception) | 24-hour scale  Hours: Minutes  99. Don’t Know | |\_\_|\_\_|**:**|\_\_|\_\_| |
| 17. ASK: Did You Have Tea/Coffee/Coca-cola/Other drinks (not including water) Before Urination Today?  Note: If Q17 is 2 or 99, then skip to Q19. | 1. Yes  2. No  99. Don’t Know | |\_\_| |
| 18. ASK: If Yes, What Time Did You Have Tea/Coffee/Coca-cola/Other drinks (not including water) Today?  Note: Exact or approximate time is entered. | 24-hour scale  Hours: Minutes  99. Don’t Know | |\_\_|\_\_|**:**|\_\_|\_\_| |
| 19. ASK: Did You Have A Meal/Snack/Other food Before Urination Today?  Note: If Q19 is 2 or 99, then skip to Q21. | 1. Yes  2. No  99. Don’t Know | |\_\_| |
| 20. ASK: If Yes, What Time Did You Have A Meal/Snack/Other food Today?  Note: Exact or approximate time is entered. | 24-hour scale  Hours: Minutes  99. Don’t Know | |\_\_|\_\_|**:**|\_\_|\_\_| |
| 21. ASK: Did You Have A Cigarette/Betel Leaves/Tobacco Before Urination Today?  Note: If Q21 is 2 or 99, then skip to Q23. | 1. Yes  2. No  99. Don’t Know | |\_\_| |
| 22. ASK: If Yes, What Time Did You Have A Cigarette/Betel Leaves/Tobacco Today?  Note: Exact or approximate time is entered. | 24-hour scale  Hours: Minutes  99. Don’t Know | |\_\_|\_\_|**:**|\_\_|\_\_| |
| 23. Cold Chain Start Time  Note: This is the time when urine sample has been placed in cold box. | 24-hour scale  Hours : Minutes | |\_\_|\_\_|**:**|\_\_|\_\_| |
| 24. Cooler Box Temperature Data Logger ID | #### | |\_\_|\_\_|\_\_|\_\_| |

**Maternal Sample Collection Form – Section 6: Hair Sample Collection**

|  |  |  |
| --- | --- | --- |
| 1. Cluster ID and Mother ID | ### and ## | |\_\_|\_\_|\_\_| **and**  |\_\_|\_\_| |
| 2. ID of MT/FRA/FRO | ## | |\_\_|\_\_| |
| 3. Name of MT/FRA/FRO (choose 1 name from drop down menu): | List of EE Team Member Names & IDs |  |
| 4. Date of Sample Collection | DD/MM/YYYY | |\_\_|\_\_| **/** |\_\_|\_\_| **/** |\_\_|\_\_|\_\_|\_\_| |
| 5. Mother Full Name |  |  |
| 6. Consent  Note: If Q6 is 1, skip to Q8. If Q6 is 2, move on to Q7. | 1. Yes  2. No | |\_\_| |
| 7. Why Was Consent Not Given?  Note: skip to the end of Section 6 after the question is answered. | 1. Migration 6. Household head refused  2. Household head is not home 7. Primary caregiver refused  3. Primary caregiver is not home 8. Too busy  4. Child is not home 9. No reason given  5. Child is sick 10. Other | |\_\_|\_\_| |
| 8. Hair Collection End Time | 24-hour scale  Hours : Minutes | |\_\_|\_\_|**:**|\_\_|\_\_| |
| 9. Cold Chain Start Time | 24-hour scale  Hours : Minutes | |\_\_|\_\_|**:**|\_\_|\_\_| |
| 10. Cooler Box Temperature Data Logger ID | #### | |\_\_|\_\_|\_\_|\_\_| |
| 11. Hair Sample Obtained?  Note: If Q11 is 1, then skip to Q13. If Q11 is 2, then Q12 is asked. If Q11 is 3, then Q12 is asked and skip to end of Section 6. | 1. all  2. partial  3. none | |\_\_| |
| 12. Why Was Hair Sample Not Fully Collected? | 1. Mother not available  2. Mother refused  3. No hair present on brush  4. Partial hair present on brush  5. Other: Specify | |\_\_| |

|  |  |  |  |
| --- | --- | --- | --- |
| Samples: | | | |
| 13. Sample ID | 14. Random ID | 15. Sample type | 16. Aliquots |
| Cluster (###) + Mother ID (##) + Endline (E) + Mother (M) + Sample Type + Aliquot (#) | Note:  Random ID that is linked to the specific sample ID is retrieved from barcode ID database and appears automatically. | Note:  Field staff selects sample type from dropdown menu. | Note:  If sample has been fully collected, next question is skipped. |
| |\_\_|\_\_|\_\_|\_\_|\_\_|EMJ01 | |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| | J | No Aliquot  Partial Aliquot  Full Aliquot |